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MN014001. Tri-Service Military Cancer Institute One Step Closer
By JO3 Cherri Boggs, National Naval Medical Center Bethesda
Bethesda, Md. - Commanders from National Naval Medical Center Bethesda, Md.; Walter Reed Army Medical Center, Washington, D.C.; and Malcolm Grow Medical Center, Andrews Air Force Base, Md.; and the president of the Uniformed Services University of the Health Sciences, Bethesda, Md., met recently to sign a statement of intent to establish a U.S. Military Cancer Institute.

The tri-service institute will combine the efforts of Army, Navy and Air Force medicine to provide cancer research, education and patient care.

The purpose of the institute is three-fold. It will ensure quality care for some of the military's most vulnerable patients, keep health care costs down and attract and retain cancer researchers and clinicians in the military.

By combining the efforts of these four major medical facilities, the institute will work together to become a nationally recognized comprehensive cancer center as certified by the National Cancer Institute of the National Institutes of Health.

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MN014002. Bethesda Corpsman to the Rescue
By JO3 Rebecca Whitney, National Naval Medical Center Bethesda

Bethesda, Md. - HM3 Cletis Sims puts it this way.

"I'm a firm believer in CPR. I know for a fact it works."

Sims got the chance to see just how effective cardio-pulmonary resuscitation can be when he performed it himself on a drowning victim.

Sims was dining with his family at the Inner Harbor in Baltimore when his wife noticed flailing hands in the water.

"I looked out and saw a guy dive in the water with a flotation device," said Sims. "He pulled out another man and brought the victim to shore. From where I was, I could tell that nobody around the victim knew CPR. They were trying CPR, but I could tell they didn't know how to do it from the way they were doing compressions and everything."

Sims raced to the scene and began CPR.

"He wasn't breathing. He was dead. I had to coach another guy on

doing compressions. Together, we completed four complete cycles and I reevaluated him," said Sims. "He was breathing and had a pulse. I stayed with him until the EMT came and took over."

Sims said that once it was over, he felt physically and emotionally drained, but also "good."

"CPR is what I'm trained to do but, in my line of work, I'm not required to do it every day or anything," said Sims, a psychiatric technician.

He said his one regret is that he wasn't carrying a pocket mask to protect him from catching anything from the victim that night. He has one now that he carries on his key chain to protect him in case he ever has to do emergency CPR in the future.

LT Amy Criscitello, who works with Sims, said she's not surprised Sims came to the rescue.

"He's consistently able to respond instantaneously in a crisis situation," she said. "We're proud to have a hero in our midst."

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MN014003. Tricare Online Prototype Unveiled

By LCpl. Bradly W. Shaver, MCAS Cherry Point, N.C.

Cherry Point, N.C. - TRICARE is testing a prototype web page that will offer services to its 8.4 million customers at home through their computers with TRICARE Online, www.tricareonline.com.

The TRICARE Online website is sponsored by local medical treatment facilities, its civilian managed care partner, and the Department of Defense. It is currently in prototype testing at Naval Hospital Camp Lejeune, Halyburton Naval Hospital (Cherry Point) and an Army and Air Force treatment facility.

TRICARE Online is a prototype web site that's still in development. The site's web developers are soliciting feedback from users to fine tune and correct any "bugs" that might surface.

TRICARE Online will allow users to create their own personal healthcare homepage that provides information about their healthcare team and allows medical information and resources to be stored in a secure environment. Users will also be able to store links to health and wellness sites.

"This program allows people to access high quality information from their computer," said CAPT Brian Kelly, director of E-business policy and standards at Halyburton. "It has service benefits that allow (patients) to establish their own medical journal online."

Other services that will be offered by the site include making appointments on line and self-care information.

"Being online is a much easier way of getting your appointments scheduled," said Sandy Cence, president of the Enlisted Spouses Club at Marine Corps Air Station Cherry Point. "It's so much more accessible."

TRICARE Online is the first effort to develop a single, common site for all DoD patients.

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MN014004. Ready Inventory Key to Seamless Supply at Guam

By Susan M. Koerner, Naval Forces Marianas

Guam - Military logisticians will tell you that key to supply is transportation. The same is true in Navy Medicine - when patients visit the doctor's office or emergency room, worrying if the right medical supplies are available shouldn't be a concern.

Meeting the challenge of keeping U.S. Naval Hospital Guam, one of the Navy's most distant and isolated medical facilities, well stocked is the responsibility of the materials management department, headed by LT Jennifer

Ruhlman, MSC. Unlike most hospitals, because of its isolation, Ruhlman and her staff must maintain an inventory of more than 500 items readily available to provider and patient.

"In the states, most hospitals don't keep an inventory, since they have a prime vendor where they can receive items sometimes within hours," Ruhlman said. "For us, the prime vendor gets us materials within three to four days."

Maintaining the \$400,000 inventory allows a continuous supply for the hospital in times of shipment interruption.

"Like many places, we had some shipping problems after Sept. 11. But within days we were back on track and well stocked," she said.

An on-hand inventory also provides a way for the hospital to respond to humanitarian requests when possible. Reaching out to the outer islands of Micronesia is not new for the hospital.

"Although our primary mission is to support our military members here, if we can spare the inventory, we assist when possible," Ruhlman explained.

Recently, the hospital received a request through the humanitarian-oriented Ayuda Foundation to send intravenous fluids to Chuuk State Hospital. The hospital was able to assist with 50 cases of lactated Ringers, which was picked up by the foundation last week, according to Ruhlman.

"We have also supported Palau twice with fluids, one time being during the cholera outbreak," she said.

Chuuk State Hospital is also in need of a medical aspirator, which the department is searching for to see if they can provide a "loaner."

"We help out where we can," she said.

While the department concentrates much of its efforts on procuring new materials, it also has an important environmental responsibility - disposing of hazardous materials for both the hospital and visiting ships, such as the USS KITTY HAWK (CV 63).

Whether incoming or outgoing, Ruhlman said, "We don't like to say no to medical needs."

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MN014005. Okinawa Introduces Teen Clinic

Okinawa, Japan - Teens now have a medical clinic of their own in Okinawa, the hospital's innovative way of providing comprehensive medical care to one of its fastest growing beneficiary populations.

U.S. Naval Hospital Okinawa's Pediatric Clinic recently launched the Comprehensive Adolescent Preventive Health Service Clinic (CAPHS), or Teen Clinic to offer 13 to 18 years olds a full range of clinical preventive services, including health and physical examinations, health screening, and education about normal adolescent development.

"By providing a dedicated adolescent clinic, young adults can learn the importance of being responsible for their well-being," said CDR Sandra Okatan-Mitchell, NC, a pediatric nurse practitioner in the pediatric clinic. "I don't believe teens take preventive medicine seriously enough, so this is our way of reaching out to them."

Okatan-Mitchell developed the clinic to help teens cope with the rapid physical and psychological development they go through. During each clinic session, providers meet with teens and their parents to discuss health issues, medical history, social problems, drugs, and immunizations. Appointments last 30 minutes and are offered on Thursdays from 3 to 6 p.m. to accommodate school schedules.

"The clinic helps bridge a gap between parents and children, because they don't view health issues the same," Okatan-Mitchell said. "Hopefully, this program will bring more individuality to the adolescent, while bringing

their parents closer to them."

The Teen Clinic guarantees privacy and confidentiality during the visit, encouraging each adolescent and parent to open up and share their feelings and emotions without feeling pressured by an office environment. For adolescents who wish to participate in the clinic without a parent, a pediatric practice evaluation and treatment release form is available for parents to sign allowing adolescents to participate without a parent being present.

The hospital plans to introduce the clinic to the local Department of Defense High Schools allowing teens to learn about preventive medical care.

"I strongly believe teenagers need to be empowered with preventive medical care knowledge before it's too late," Okatan-Mitchell said. "I'm hoping this program will reach out to adolescents on health issues that need discussion during these critical years of their lives."

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MN014006. This Month In Navy Medicine

- Oct. 1, 1950 - Field Medical Service School, Marine Barracks, Camp Lejeune, NC, is established to provide training of medical department personnel in techniques of field medicine.

- Oct. 5, 1945 - Two Hospital Corpsmen, Robert E. Bush, and George E. Wahlen, receive the Medal of Honor from President Harry Truman at the White House for their service during World War II. In all, seven Hospital Corpsmen would be decorated for their bravery and heroism in World War II.

- Oct. 11, 1963 - A Navy medical team from Norfolk, Va., begin massive inoculation program to safeguard against outbreak of typhoid in wake of Hurricane Flora.

- Oct. 12, 1961 - A five person cholera treatment team from the Naval Medical Research Unit, Taipei flies to Manila to assist in treat an epidemic in Manila in the Philippines.

- Oct. 12, 1965 - LTJG Jerry McClelland, ENS Charles Franklin, ENS Israel Miller, ENS Richard Gierman, and ENS George Silver became first men commissioned in Navy Nurse Corps.

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MN014007. Where to Write to Support Our Military People

It's only mid-October, but it's not too early to think about the thousands of Sailors and Marines who will be serving away from their families and friends with Operation Enduring Freedom this holiday season.

If you'd like to send a greeting, Operation Dear Abby 2001 will accept mail beginning Nov. 15, 2001 to Jan. 15, 2002.

Operation Dear Abby was started 17 years ago by nationally syndicated columnist Abigail Van Buren in collaboration with the Military Postal Service Agency to bring holiday cheer to the men and women of the armed forces.

To ensure that the mail is received within the required time window and falls within Department of Defense security guidelines, mail will be limited to first-class letter mail, 13 ounces or less. Send mail to either of the following addresses:

- Any Service Member, Operation Dear Abby, FPO AE 09646 for military personnel in the Mediterranean basin.

- Any Service Member, Operation Dear Abby, FPO AP 96385 for military personnel in the Pacific basin.

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MN014008. Healthwatch: Halloween Safety is a Team Effort

By Aveline V. Allen, Bureau of Medicine & Surgery

Batman, Firemen, Cinderella, Casper The Friendly Ghost, and the Pokeman Family are just a few of the folks who may be visiting your home this Halloween. Trick-or-treating can be a happy event for children but it's important to consider safety first.

The American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the National Safety Council have developed guidelines for parents, children, drivers, and homeowners to follow to keep Batman, Cinderella and their friends safe during Halloween trick-or-treating.

Parents should:

- Make sure children have a well-balanced meal before heading out. Hungry trick-or-treaters often indulge themselves along the way.
- Children should trick-or-treat in a group. Know the names of the children in the group.
- Children under 12 should be escorted by an adult.
- Plan and discuss the trick-or-treating route. Familiar and established routes are best.
- Establish a curfew time for returning home.
- When buying a costume, make sure it is one made of flame-retardant material.
- Instead of wearing masks, which can obstruct the kids vision, use face paint. The NSC recommends using special Halloween makeup that has the following labeling: "Made with U.S. Approved Color Additives", "Laboratory Tested", "Meets Federal Standards for Cosmetics", or "Non-Toxic", follow manufacturer's instruction for application.
- Review all safety precautions, including pedestrian and traffic safety rules and what to do if approached by a stranger.
- Make sure younger children have identification, including their name, address and telephone number, pinned somewhere on their costume in case they get lost from the group.
- Ensure children stop at houses or apartment buildings that are well lighted and don't go into homes, especially a stranger's.
- Last but not least, children should never eat anything from their trick-or-treat goodie bag until they bring it home and let you examine it first. Dispose of anything that looks suspicious.

Guidelines for children include:

- Carry a flashlight.
- Walk, don't run, throughout the neighborhood.
- Stay on the sidewalks and obey traffic signals.
- In areas with no sidewalks, walk on the left side of the road facing traffic.
- Don't dart between parked or moving vehicles or cut across yards or driveways.
- Stop at all corners.
- Stay together in a group before crossing. Look left, right and left again before crossing the street.
- Don't let costumes become a trip hazard by letting them drag on the ground.
- Wear shoes that fit, even if they do not match the costume.

According to NSC, falls are the leading cause of unintentional injuries on Halloween.

- Ensure costumes should have markings or reflective tape for high visibility.
- Any props to the costume, such as knives or swords, should be flexible.

Motorists are also a big part of this exciting evening. Guidelines for them include:

- Drivers should go slow all evening in areas where trick-or-treaters are spotted.

- Make sure children get out of the car on the curb side, not the traffic side.

- Watch for ghosts, goblins and Cinderellas darting between cars and walking on roadways, medians and curbs.

- Enter and exit driveways and alleys carefully.

- As dusk falls, be alert for children in dark clothing.

Homeowners guidelines include:

- Remove trip hazards from yards, including garden hoses, toys, bikes, and lawn decorations.

- Check outdoor lights and replace burned-out bulbs.

- Sweep any wet leaves from the sidewalks and steps.

- Some pets become frightened on Halloween. For some, it's better to close them in a safe area to make sure they don't inadvertently bite a trick-or-treater.

- Give trick-or-treaters healthy food alternatives such as packaged fruit rolls, mini boxes of raisins and single-serve packets of low-fat popcorn that can be microwaved later. Stay away from giving choking hazards such as gum, peanuts, hard candies, or small toys.

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